

APPLICATION FOR ELECTRONIC ACCESS OF RECORDS

TO BE USED ONLY BY LIMITED LIABILITY COMPANIES PROVIDING HEALTH RELATED PROFESSIONAL SERVICES OR LICENSED BY THE BOARD OF ENGINEERS AND ARCHITECTS

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>

Name of Limited Liability Company _____

Principal Place of Business _____
Street Address City State Zip

Practice of _____
Please name profession company is engaged in

Telephone Number () _____

MEMBERS OF THE LIMITED LIABILITY COMPANY

This Section Must be Completed. List all members of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized. (use additional sheets if needed)

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

FILING FEE: \$50.00
Revised 5-08-07

Neb. Rev. Stat. 21-2631.01

(Please Complete Reverse Side)

MANAGERS OF THE LIMITED LIABILITY COMPANY

This Section Must be Completed. List all managers of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized. (use additional sheets if needed)

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

PROFESSIONAL EMPLOYEES OF THE LIMITED LIABILITY COMPANY

This Section Must be Completed. List all professional employees of the limited liability company who are required by Nebraska law to be licensed or certified to perform the professional services for which the limited liability company was organized. (use additional sheets if needed)

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Full Name & License #

Residence Street Address, City, State, Zip

Signature of Member

or _____
Signature of Manager

Date / /
Printed Name of Member

Date / /
or Printed Name of Manager